

Mr. MCINNIS. Mr. Speaker, as my colleagues know, my district is a rural district in the State of Colorado, the Third Congressional District of Colorado. That congressional district actually is geographically larger than the State of Florida.

I can tell my colleagues, it is very important out there in the rural areas of Colorado, as it is through most of the rural areas in the United States, that we have TV reception. We have become very dependent of late upon satellite reception. As many of my colleagues know, for the last 11 or so years, local access has been banned through satellite.

Well, we are about to change that. We passed a bill out of the House. The Senate has passed a bill. I have good news tonight for those of my colleagues who have constituents who use satellite service for local access. Things are about to change.

The conference committee I think is making good progress. I hope that, in the next 3 to 4 weeks, the satellite users, including many of my constituents in the State of Colorado, will once again have an opportunity for local access.

EXHIBIT AT BROOKLYN MUSEUM OF ART

Mr. MCINNIS. The second point I wish to address this evening, Mr. Speaker, is the art exhibit in New York City, the Brooklyn Art Museum. I made some comments about that last week. I am amazed how over the weekend the media has been very successful in tying the exhibit, and I will tell my colleagues exactly what it is, a portrait of the Virgin Mary with crap thrown all over it, to be quite blunt with you. They have made this controversy in New York City as if it is a controversy between the freedom of speech under the Constitutional amendment and people who were offended by the art.

That is not the controversy at all. The controversy in New York City in that museum is that the taxpayers of the United States of America are being asked to pay for this art exhibit at the Brooklyn Museum.

Now, do my colleagues think it is appropriate for someone who is a taxpayer, who is a hard-working American, who is a Catholic to go out and take their taxpayer money to pay for a portrait to be exhibited of the Virgin Mary with crap thrown all over it? Of course it is not. It is as offensive to the Catholics as it is displaying a Nazi symbol by taxpayer dollars would be to the Jewish community, or as it would be of putting a portrait of Martin Luther King with crap thrown all over it to the black community.

It is out of place. It is unjustified. And it is totally, totally inappropriate for the use of taxpayers' dollars for that kind of art.

Now, that is not an issue of the first amendment. Nobody has said that they cannot display that type of art, al-

though, frankly, I think they are somewhat sick in the mind when they do. But no one has said that they are banned from displaying that type of art.

Instead, what we have said is they should not use taxpayers' dollars to fund that kind of art. This museum, with a great deal of pride, had their first showing this weekend; and today they announced with great excitement, and I hope it makes my liberal Democrats happy, they announced with great excitement how successful that show is.

Well, in their hearts, they know it is wrong. They know it is wrong to do what they have done with taxpayer dollars. And in the end, we will win. We will keep the rights under the First Amendment and we will disallow taxpayer dollars from being used for that kind of art exhibit in New York City.

I hope my colleagues reconsider, but I know that their egos probably will not. So I hope that all my colleagues and their constituents remember that they do not have to and they should not be forced to pay with taxpayer dollars an art exhibit such as the one displaying the Virgin Mary with crap thrown all over it. Our country is greater than that, and our country stands for a lot more than that.

REPORT ON RESOLUTION PROVIDING FOR CONSIDERATION OF H.R. 764, CHILD ABUSE PREVENTION AND ENFORCEMENT ACT OF 1999

Mr. DREIER, from the Committee on Rules, submitted a privileged report (Rept. No. 106-363) on the resolution (H. Res. 321) providing for consideration of the bill (H.R. 764) to reduce the incidence of child abuse and neglect, and for other purposes, which was referred to the House Calendar and ordered to be printed.

COMMUNICATION FROM THE COMMITTEE ON THE BUDGET: REVISIONS TO ALLOCATION FOR HOUSE COMMITTEE ON APPROPRIATIONS PURSUANT TO HOUSE REPORT 106-288

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mr. KASICH) is recognized for 5 minutes.

Mr. KASICH. Mr. Speaker, pursuant to Sec. 314 of the Congressional Budget Act, I hereby submit for printing in the CONGRESSIONAL RECORD revisions to the allocation for the House Committee on Appropriations pursuant to House Report 106-288 to reflect \$8,699,000,000 in additional new budget authority and \$8,282,000,000 in additional outlays for emergencies. This will increase the allocation to the House Committee on Appropriations to \$551,899,000,000 in budget authority and \$590,760,000,000 in outlays for fiscal year 2000.

As reported to the House, H.R. 1906, the conference report accompanying the bill making appropriations for Agriculture, Rural Development, Food and Drug Administration, and Related Agencies for fiscal year 2000, includes \$8,699,000,000 in budget authority and \$8,282,000,000 in outlays for emergencies.

These adjustments shall apply while the legislation is under consideration and shall take effect upon final enactment of the legislation.

Questions may be directed to Art Sauer or Jim Bates at x6-7270.

HEALTH CARE REFORM: TREAT THE CAUSE, NOT THE SYMPTOM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. PAUL) is recognized for 5 minutes.

Mr. PAUL. Mr. Speaker, as an M.D. I know that when I advise on medical legislation that I may be tempted to allow my emotional experience as a physician to influence my views. But, nevertheless, I am acting the role as legislator and politician.

The M.D. degree grants no wisdom as to the correct solution to our managed-care mess. The most efficient manner to deliver medical services, as it is with all goods and services, is determined by the degree the market is allowed to operate. Economic principles determine efficiencies of markets, even the medical care market, not our emotional experiences dealing with managed care.

Contrary to the claims of many advocates of increased government regulation of health care, the problems with the health care system do not represent market failure. Rather, they represent the failure of government policies which have destroyed the health care market.

In today's system, it appears on the surface that the interest of the patient is in conflict with the rights of the insurance companies and the Health Maintenance Organizations. In a free market, this cannot happen. Everyone's rights are equal and agreements on delivering services of any kind are entered into voluntarily, thus satisfying both sides.

Only true competition assures that the consumer gets the best deal at the best price possible by putting pressure on the providers. Once one side is given a legislative advantage in an artificial system, as it is in managed care, trying to balance government-dictated advantages between patient and HMOs is impossible. The differences cannot be reconciled by more government mandates, which will only make the problem worse. Because we are trying to patch up an unworkable system, the impasse in Congress should not be a surprise.

No one can take a back seat to me regarding the disdain I hold for the HMO's role in managed care. This entire unnecessary level of corporatism that rakes off profits and undermines

care is a creature of government interference in health care. These non-market institutions and government could have only gained control over medical care through a collusion through organized medicine, politicians, and the HMO profiteers in an effort to provide universal health care. No one suggests that we should have universal food, housing, TV, computer and automobile programs; and yet, many of the poor do much better getting these services through the marketplace as prices are driven down through competition.

We all should become suspicious when it is declared we need a new Bill of Rights, such as a taxpayers' bill of rights, or now a patients' bill of rights. Why do more Members not ask why the original Bill of Rights is not adequate in protecting all rights and enabling the market to provide all services? If over the last 50 years we had had a lot more respect for property rights, voluntary contracts, State jurisdiction, and respect for free markets, we would not have the mess we are facing today in providing medical care.

The power of special interests influencing government policy has brought us to this managed-care monster. If we pursued a course of more government management in an effort to balance things, we are destined to make the system much worse. If government mismanagement in an area that the Government should not be managing at all is the problem, another level of bureaucracy, no matter how well intended, cannot be helpful. The law of unintended consequences will prevail and the principle of government control over providing a service will be further entrenched in the Nation's psyche. The choice in actuality is government-provided medical care and its inevitable mismanagement or medical care provided by a market economy.

Partial government involvement is not possible. It inevitably leads to total government control. Plans for all the so-called patients' bill of rights are 100 percent endorsement of a principle of government management and will greatly expand government involvement even if the intention is to limit government management of the health care system to the extent necessary to curtail the abuses of the HMO.

The patients' bill of rights concept is based on the same principles that have given us the mess we have today. Doctors are unhappy. HMOs are being attacked for the wrong reasons. And the patients have become a political football over which all sides demagogue.

The problems started early on when the medical profession, combined with the tax code provisions making it more advantageous for individuals to obtain first-dollar health care coverage from third parties rather than pay for health care services out of their own pockets, influenced the insurance industry into paying for medical services instead of

sticking with the insurance principle of paying for major illnesses and accidents for which actuarial estimates could be made.

A younger, healthier and growing population was easily able to afford the fees required to generously care for the sick. Doctors, patients and insurance companies all loved the benefits until the generous third-party payment system was discovered to be closer to a Ponzi scheme than true insurance. The elderly started living longer, and medical care became more sophisticated, demands increased because benefits were generous and insurance costs were moderate until the demographics changed with fewer young people working to accommodate a growing elderly population—just as we see the problem developing with Social Security. At the same time governments at all levels became much more involved in mandating health care for more and more groups.

Even with the distortions introduced by the tax code, the markets could have still sorted this all out, but in the 1960s government entered the process and applied post office principles to the delivery of medical care with predictable results. The more the government got involved the greater the distortion. Initially there was little resistance since payments were generous and services were rarely restricted. Doctors like being paid adequately for services than in the past were done at discount or for free. Medical centers, always willing to receive charity patients for teaching purposes in the past liked this newfound largesse by being paid by the government for their services. This in itself added huge costs to the nation's medical bill and the incentive for patients to economize was eroded. Stories of emergency room abuse are notorious since "no one can be turned away."

Artificial and generous payments of any service, especially medical, produces a well-known cycle. The increased benefits at little or no cost to the patient leads to an increase in demand and removes the incentive to economize. Higher demands raises prices for doctor fees, labs, and hospitals; and as long as the payments are high the patients and doctors don't complain. Then it is discovered the insurance companies, HMOs, and government can't afford to pay the bills and demand price controls. Thus, third-party payments leads to rationing of care; limiting choice of doctors, deciding on lab tests, length of stay in the hospital, and choosing the particular disease and conditions that can be treated as HMOs and the government, who are the payers, start making key medical decisions. Because HMOs make mistakes and their budgets are limited however, doesn't justify introducing the notion that politicians are better able to make these decisions than the HMOs. Forcing HMOs and insurance companies to do as the politicians say regardless of the insurance policy agreed upon will lead to higher costs, less availability of services and calls for another round of government intervention.

For anyone understanding economics, the results are predictable: Quality of medical care will decline, services will be hard to find, and the three groups, patients, doctors and HMOs will blame each other for the problems, pitting patients against HMOs and government, doc-

tors against the HMOs, the HMOs against the patient, the HMOs against the doctor and the result will be the destruction of the cherished doctor-patient relationship. That's where we are today and unless we recognize the nature of the problem Congress will make things worse. More government meddling surely will not help.

Of course, in a truly free market, HMOs and pre-paid care could and would exist—there would be no prohibition against it. The Kaiser system was not exactly a creature of the government as is the current unnatural HMO-government-created chaos we have today. The current HMO mess is a result of our government interference through the ERISA laws, tax laws, labor laws, and the incentive by many in this country to socialize medicine "American style", that is the inclusion of a corporate level of management to rake off profits while draining care from the patients. The more government assumed the role of paying for services the more pressure there has been to managed care.

The contest now, unfortunately, is not between free market health care and nationalized health care but rather between those who believe they speak for the patient and those believing they must protect the rights of corporations to manage their affairs as prudently as possible. Since the system is artificial there is no right side of this argument and only political forces between the special interests are at work. This is the fundamental reason why a resolution that is fair to both sides has been so difficult. Only the free market protects the rights of all persons involved and it is only this system that can provide the best care for the greatest number. Equality in medical care services can be achieved only by lowering standards for everyone. Veterans hospital and Medicaid patients have notoriously suffered from poor care compared to private patients, yet, rather than debating introducing consumer control and competition into those programs, we're debating how fast to move toward a system where the quality of medicine for everyone will be achieved at the lowest standards.

Since the problem with our medical system has not been correctly identified in Washington the odds of any benefits coming from the current debates are remote. It looks like we will make things worse by politicians believing they can manage care better than the HMO's when both sides are incapable of such a feat.

Excessive litigation has significantly contributed to the ongoing medical care crisis. Greedy trial lawyers are certainly part of problem but there is more to it than that. Our legislative bodies throughout the country are greatly influenced by trial lawyers and this has been significant. But nevertheless people do sue, and juries make awards that qualify as "cruel and unusual punishment" for some who were barely involved in the care of the patient now suing. The welfare ethic of "something for nothing" developed over the past 30 to 40 years has played a role in this serious problem. This has allowed judges and juries to sympathize with unfortunate outcomes, not related to malpractice and to place the responsibility on those most able to pay rather than on the ones most responsible. This distorted view of dispensing justice must someday be addressed or it will continue to contribute to the

deterioration of medical care. Difficult medical cases will not be undertaken if outcome is the only determining factor in deciding lawsuits. Federal legislation prohibiting state tort law reform cannot be the answer. Certainly contractual arrangements between patients and doctors allowing specified damage clauses and agreeing on arbitration panels would be a big help. State-level "loser pays" laws, which discourage frivolous and nuisance lawsuits, would also be a help.

In addition to a welfare mentality many have developed a lottery jackpot mentality and hope for a big win through a "lucky" lawsuit. Fraudulent lawsuits against insurance companies now are an epidemic, with individuals feigning injuries in order to receive compensation. To find moral solutions to our problems in a nation devoid of moral standards is difficult. But the litigation epidemic could be ended if we accepted the principle of the right of contract. Doctors and hospitals could sign agreements with patients to settle complaints before they happen. Limits could be set and arbitration boards could be agreed upon prior to the fact. Limiting liability to actual negligence was once automatically accepted by our society and only recently has this changed to receiving huge awards for pain and suffering, emotional distress and huge punitive damages unrelated to actual malpractice or negligence. Legalizing contracts between patients and doctors and hospitals would be a big help in keeping down the defensive medical costs that fuel the legal cost of medical care.

Because the market in medicine has been grossly distorted by government and artificially managed care, it is the only industry where computer technology adds to the cost of the service instead of lowering it as it does in every other industry. Managed care cannot work. Government management of the computer industry was not required to produce great services at great prices for the masses of people. Whether it is services in the computer industry or health care all services are best delivered in the economy ruled by market forces, voluntary contracts and the absence of government interference.

Mixing the concept of rights with the delivery of services is dangerous. The whole notion that patient's "rights" can be enhanced by more edicts by the federal government is preposterous. Providing free medication to one segment of the population for political gain without mentioning the cost is passed on to another segment is dishonest. Besides, it only compounds the problem, further separating medical services from any market force and yielding to the force of the tax man and the bureaucrat. No place in history have we seen medical care standards improve with nationalizing its delivery system. Yet, the only debate here in Washington is how fast should we proceed with the government takeover. People have no more right to medical care than they have a right to steal your car because they are in need of it. If there was no evidence that freedom did not enhance everyone's well being I could understand the desire to help others through coercive means. But delivering medical care through government coercion means not only diminishing the quality of care, it undermines the principles of liberty. Fortunately, a system that strives to provide max-

imum freedom for its citizens, also supports the highest achievable standard of living for the greatest number, and that includes the best medical care.

Instead of the continual demagoguery of the issue for political benefits on both sides of the debate, we ought to consider getting rid of the laws that created this medical management crisis.

The ERISA law requiring businesses to provide particular programs for their employees should be repealed. The tax codes should give equal tax treatment to everyone whether working for a large corporation, small business, or is self employed. Standards should be set by insurance companies, doctors, patients, and HMOs working out differences through voluntary contracts. For years it was known that some insurance policies excluded certain care and this was known up front and was considered an acceptable provision since it allowed certain patients to receive discounts. The federal government should defer to state governments to deal with the litigation crisis and the need for contract legislation between patients and medical providers. Health care providers should be free to combine their efforts to negotiate effectively with HMOs and insurance companies without running afoul of federal anti-trust laws—or being subject to regulation by the National Labor Relations Board (NLRB). Congress should also remove all federally-imposed roadblocks to making pharmaceuticals available to physicians and patients. Government regulations are a major reason why many Americans find it difficult to afford prescription medicines. It is time to end the days when Americans suffer because the Food and Drug Administration (FDA) prevented them from getting access to medicines that were available and affordable in other parts of the world!

The most important thing Congress can do is to get market forces operating immediately by making Medical Savings Accounts (MSAs) generously available to everyone desiring one. Patient motivation to save and shop would be a major force to reduce cost, as physicians would once again negotiate fees downward with patients—unlike today where the government reimbursement is never too high and hospital and MD bills are always at maximum levels allowed. MSAs would help satisfy the American's people's desire to control their own health care and provide incentives for consumers to take more responsibility for their care.

There is nothing wrong with charity hospitals and possibly the churches once again providing care for the needy rather than through government paid programs which only maximizes costs. States can continue to introduce competition by allowing various trained individuals to provide the services that once were only provided by licensed MDs. We don't have to continue down the path of socialized medical care, especially in America where free markets have provided so much for so many. We should have more faith in freedom and more fear of the politician and bureaucrat who think all can be made well by simply passing a Patient's Bill of Rights.

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CONGRATULATIONS TO HOUSTON ASTROS AS THEY BID FAREWELL TO THE ASTRODOME, THE EIGHTH WONDER OF THE WORLD

The SPEAKER pro tempore (Mr. PEASE). Under a previous order of the House, the gentlewoman from Texas (Ms. JACKSON-LEE) is recognized for 5 minutes.

Ms. JACKSON-LEE of Texas. Mr. Speaker, we have very serious matters to attend to in the United States Congress, but I thought with all the joy that we experienced in Texas in the Eighth Wonder of the World yesterday, the Astrodome in Houston, Texas, that I wanted to share the excitement, the history with my colleagues.

I want to pay special tribute to the Astros team that overcame all kinds of injuries and trials and tribulations to win their division. Then I would like to pay tribute to Larry Dierker who suffered a debilitating illness early on in the season, yet he came back to lead his team to victory and I might say, this might be the year that the Astros go straight on into the World Series.

This is the final sunset on the Astrodome. Born in 1965, noted as the Eighth Wonder of the World, the largest indoor stadium. We call it the "mosquito-ridden-free" stadium in Houston, Texas. No sun, no heat, no rain, but good baseball and good fun. We have enjoyed the 35 years that we have had the pleasure to utilize the Astrodome and all of the hard workers who have made the pleasure of the fans their first priority.

We appreciate Drayton McLane who came in and bought the Astros and made sure that they stayed in Houston. I want to say to all the old-timers, though I will not call them that, those who had season tickets for 35 years, we thank you, too, for you were committed, you were loyal, and you were strong. Through the ups and downs of our Astros, you stood fast. All the joy that was given to the young people, the children who would come to the baseball game and enjoy the time with their parents.

Baseball tickets traditionally have been the most reasonable tickets of all sports in America. It is America's pastime, yes, along with so many other sports like basketball and soccer now and football, but one thing about baseball, you could always see family members coming together with their young children. I am reminded of the time that I would go with my aunt and uncle. It was a very special time to go to a baseball game.

So my hat is off to the Astros and the Astro family, to Houston and all of those, including Judge Roy Hofheinz, the mayor of the City of Houston who had the vision in 1965 to build this enormous entity that most people thought, how in the world could you build something with a price tag of \$31

million? I think most of us would like to build stadiums today for \$31 million.

Mr. Speaker, this is just a simple tribute to all those hardworking souls that made the Astros games so much fun and made the Astrodome the Eighth Wonder of the World where so many people enjoyed the opportunity to be there, not only for baseball but so many other activities and conventions and meetings. We are just grateful for the facility, and I guess what you would say is, it is off into the sunset.

But do not worry, the Astrodome will be there for others to enjoy for many years to go as we move downtown to the new Astros stadium called Enron Field located in my district, the 18th Congressional District. Hats off to the Astros, congratulations, and I will see you in the World Series.

TRIBUTE TO FIRST RESPONDERS, THE NATION'S FIREFIGHTERS

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Michigan (Mr. SMITH) is recognized for 5 minutes.

Mr. SMITH of Michigan. Mr. Speaker, back in 1992, Congress passed legislation to allow and establish a national memorial for fallen firefighters. Yesterday up in Emmitsburg, Maryland, we had such a ceremony. This past year, 95 firefighters in the United States lost their lives in the line of duty. I think this Congress, this Nation, owes these individuals, the Americans that have fallen in the line of duty before them and certainly every first responder in this country, a debt of gratitude, a vote of thanks. Protecting public safety and public property is a brave calling. We certainly should as a Congress thank those individuals for the great job they did. Yesterday up in Emmitsburg it was a day of remembrance but it was also a day of celebration, because these individuals contributed so much in the spirit of honor and duty. I am a strong believer that everyone should be a supporter of their community, should try in some way to make their individual communities a little bit better by contributing, by being in public service, by being on the fund-raising committee, contributing an effort to help others when they need help.

It seems to me that cynicism has just spread too far across this country and there are too many that now consider duty and honor to be just words, relics of the past. But these men and women, our first responders, our police, and firemen especially in yesterday's dedication, they believed in duty, they believed in commitment, they believed in community. And certainly these qualities in first responders across the Nation deserve more support from this Congress.

Now, we call them first responders because, and I will give a couple of ex-

amples. When we turned on our television last spring to the terrifying situation at Columbine High School, who did we see on that television set? It was the first responders that got there first. The firefighters were there first. Whether it is wildfires or earthquakes or tornadoes or fires of unimaginable danger and stress, or when it is a beloved kitten going up a tree or when you need help for a fund-raising in the community, it is these firefighters that are there, they are willing to make the difference, they are willing to give their time and the effort.

We have got 32,000 fire departments in the United States. We have got 103 million first responders. Eighty percent of those first responders are volunteers, volunteers that go and risk their lives to protect lives and safety and support their community. I think they embody the beliefs of the founders of our country who were deeply committed to the idea that the individual had an obligation to the community, that our country needed its domestic defenders, our firefighters, our first responders, every bit as much as it needed a national defense.

Our thanks certainly should go out not only to these firefighters but their loved ones who experienced the tremendous effort, the sacrifice that these firefighters have made for their communities. Stories where firefighters made the difference are in almost every home and every community. They are certainly in my home where the firefighters came to my farm and saved not only property but the lives of a lot of my cattle on that farm. As far as I am concerned, they are the champions we can never fully thank, and speeches like this speech tonight or speeches up in Emmitsburg never are going to be adequate enough to thank those individuals that made that kind of sacrifice.

If there is any lesson that we can take, Mr. Speaker, as Americans from those in our communities that contribute so much, to make sure that we also make an effort to their memory to try to do our duty in helping others, in helping our community, in trying to do something to make our communities better and help the lives of the people that we know a little better, that is what we should do.

NORTH CAROLINA RECOVERS FROM HURRICANE FLOYD

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from North Carolina (Mrs. CLAYTON) is recognized for 5 minutes.

Mrs. CLAYTON. Among all the death, destruction and despair that has been visited upon the people of North Carolina as a result of Hurricane Floyd, there are many bright spots. This evening, I would like to acknowledge some of those who have given of

themselves and their resources to this vital cause.

There are many deserving people who have helped North Carolina in the aftermath of Hurricane Floyd. I want to thank President Clinton for adding \$20.3 million in low-income energy assistance funds to his original extended relief package of \$528 million. Thank you, Mr. President. I wish to thank my colleagues, Representatives from the neighboring States, who have banded together to support the victims of this disaster. A special thank you to the director of FEMA, Mr. Witt; and to our governor, Mr. James Hunt, of North Carolina and their staffs for working around the clock to rescue and relieve North Carolina residents.

Some 52,000 citizens have called FEMA now seeking assistance, and Governor Hunt has had to deal with many more. Thank you, Mr. Witt and Governor Hunt, for your dedication to those in need.

I wish to take a minute to thank the Red Cross and the Salvation Army for their special help. The Red Cross opened many shelters. The Salvation Army provided mobile kitchens. And we appreciate the efforts of FEMA to provide meals ready to eat, ice, blankets, water and emergency generators. We also appreciate the hundreds of individuals in local communities, neighbors and citizens who have helped and are helping out continuously. And we appreciate the outpouring of support and resources from across the Nation. Truckloads from Baltimore, busloads from Washington, D.C.; students from North Carolina colleges, churches from far and wide, citizens of every hue, every stripe, every background, all Americans, helping out.

I know of heroic rescue efforts of people, farm animals and pets conducted by neighbors, local fire departments as the gentleman from Michigan (Mr. SMITH) just mentioned, state police officers and their staffs. I wish to commend them all for their dedicated service.

A ray of sunshine was seen in North Carolina today. Today, October 4, 1999, schools reopened for thousands of North Carolina students. This is a big step forward in the long, painful attempt to return to normalcy after Hurricane Floyd. Tarboro High School in devastated Tarboro opened school today and about 60 percent of the students looked forward to attending school. I am grateful to all who have made the small routine tasks like attending school become a reality after so many days of fear and flooding. I am very grateful for those North Carolina children of our great Nation who strived hard to reestablish their daily routines and attend school today, perhaps under continuing family hardships.

I am very thankful for the county school teachers, principals, and maintenance workers that made reopening